FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



HILLMOOR TOWNHOMES, A LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A30787**

FILEO SECRETARY OF STATE DIVERSAL OF CORPORATIONS

90 107 28 PH 3: 03



Mailing Address Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record
900 BROOSTONE CENTRE PARKWAY	E PARKWAY	11/07/1990	\$98.00	
P.O. BOX 6566 COLUMBUS GA 31995	P.O. BOX 6566 COLUMBIS GA 31995	P.O. BOX 6566 COLUMBUS GA 31995		
occompan di visco	30E0M033 31 3100			5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a, Principal Office Address		4. State or Country of Formation	tu date
Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired S8,75 Additional Fee Required	
Zip Country	2.5		8. Make check payable to Dept of State (See reverse's de for fee information	
9. Name and Address of C	urrent Registered Agent		10. If changed, new Register	ad Appeniation
CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
agent I am familiar with, and accept the oblication of the state of th	ice or registered agent, or both, in the State gations of section 620-192, Florida Statutes off	e of Florida Such chang	e was authorized by its general partner(s). The DATE PARTNERSHIP OR OTHI	roby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post C		11b. City, State & Zip Code	11c. Registration/ Document Number
FLOURNOY DEV. CORP.	900 BROOKSTONI	E CEN. P	COLUMBUS GA	P04689
FLOURNOY, JOHN F 900 BROOKSTO		E CEN. P	COLUMBUS GA	
•				\$ 96677- -2 5/\$601166006 191_25 ****191_25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Tirelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under each Turther certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by ghapter 620. Florida Statutes.

SIGNATURE - ---

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DATE October 18, 1996

Typed or Printed Name of General Partner Signing Form George S. Moore, Senior V.P./Treasuxaxie Telephone Number (706) 324-4000